

APPLICATION FOR PERSONAL
IDENTIFICATION NUMBER
(P.I.N.) BINGO

CGB-2 REV. 04/03

STATE OF CONNECTICUT
DIVISION OF SPECIAL REVENUE
Charitable Games
555 Russell Road
Newington, CT 06111-1523



INSTRUCTIONS:

1. Print or type.
2. Complete and attach form CGB/S-2A.
3. Mail application forms to **P.O. Box 310424, Newington, CT 06131-0424.**
4. The Division of Special Revenue will assign a Personal Identification Number (P.I.N.) upon approval.

TO: DIVISION OF SPECIAL REVENUE				P.I.N. (To be assigned by Special Revenue)											
NAME OF APPLICANT (Last) (First) (Middle)						SOCIAL SECURITY NUMBER - -									
ADDRESS OF APPLICANT (No. and Street) (City or Town) (State) (Zip Code)						TELEPHONE NUMBER () ()									
HOW LONG AT PRESENT ADDRESS?				PREVIOUS ADDRESS (No. and Street) (City or Town) (State) (Zip Code)											
DATE OF BIRTH (Mo.) (Day) (Yr.)			PLACE OF BIRTH				SEX M <input type="checkbox"/> F <input type="checkbox"/>		HEIGHT		WEIGHT				
Have you EVER been convicted of any crime, felony, misdemeanor, disorderly persons offense or other offense other than a traffic violation?												YES <input type="checkbox"/>		NO <input type="checkbox"/>	
IF "YES", GIVE DETAILS:															
ORGANIZATION REPRESENTED (Name) (No. and Street) (City or Town) (State) (Zip Code)															
ORGANIZATION'S IDENTIFICATION NUMBER						HOW LONG HAVE YOU BEEN A BONAFIDE MEMBER OF ORGANIZATION? Please specify in terms of years or months. YEARS MONTHS									
Have you ever applied for a P.I.N. to operate bingo games for any other organization? YES <input type="checkbox"/> NO <input type="checkbox"/>															
IF "YES", GIVE DETAILS: (Organization Name) (No. and Street) (City or Town) (State) (Zip Code)										ASSIGNED P.I.N.					
APPLICANT'S SIGNATURE (Please sign with blue or black ink only)										DATE (Mo., Day, Yr.)					
I hereby certify that the above named applicant is a bonafide member of the represented organization.															
SIGNATURE OF ORGANIZATION RANKING OFFICER (Note: The applicant may not sign as an officer)										DATE (Mo., Day, Yr.)					
DO NOT WRITE BELOW THIS LINE															
APPLICATION FOR P.I.N. IS APPROVED				SIGNED (Executive Director of Division of Special Revenue)						DATE (Mo., Day, Yr.)					

DISTRIBUTION: WHITE - Charitable Games CANARY - Liaison Officer PINK - Organization